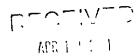
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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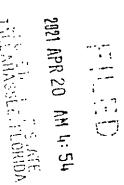




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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
0 - 1 - 2 CIEE	COUNTRY GRILL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	SHARON CRUMB		
		Name of Person	
		Firm/Company	
	1682 INDIAN HILLS DR		
	MOORE HAVEN, FL 334	Address	
	KYNDEL@LABELLECPA		
For further information c	E-mail address: (oncerning this matter, please ca	to be used for future annual report notif	ication)
SHARON CRUMB		863 843-2046 at ()	
Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section	<u>Street Address:</u> Registration Sec Division of Con	
P.O. Box 632	27	The Centre of T	2

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on L14000183822	
lorida document number L14000183822	and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company here:	
CRUMB'S RIVERFRONT RESTAURANT LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	75. 20
Principal office address MUST BE A STREET ADDRESS)	
	0
	3 3
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Change
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ective date, if other than the date effective date is listed, the date must be	specific and cannot l	be prior to date of	filing or more than 90	days after filing.) P	ursuant to 605.02
e: If the date inserted in this block ument's effective date on the Depart			itory filing requirem	ents, this date wi	ill not be listed
cord specifies a delayed effective de	ite, but not an effe	ctive time, at 12	:01 a.m. on the earl	ier of: (b) The S	90th day after th
s filed.					
APRIL I	2021				
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	D.				
Sharen C	1. 6.				